CALIFORNIA STATE PERSONNEL BOARD
STATE EMPLOYEE DISABILITY QUESTIONNAIRE
SPB-131 - NEW EMPLOYEE (6/01)

MAIL TO: CALIFORNIA STATE PERSONNEL BOARD
INFORMATION SYSTEMS UNIT, M.S. 33
P.O. BOX 944201
SACRAMENTO, CA 94244-2010

TO: STATE EMPLOYEES:

The California State Personnel Board is requesting your assistance in gathering statistical information concerning State employees with disabilities. Under Government Code Section 19233 the State must monitor the effects of its employment practices on employees with disabilities and compliance with non-discrimination laws. Your response to this questionnaire is voluntary. Section 504 of the U.S. Rehabilitation Act of 1973 allows the gathering of voluntary information concerning employee disabilities. The information gathered through this questionnaire will only be used for statistical purposes. Notice that your name is not shown on this form, nor will it ever be identified. **Confidentiality of this information is guaranteed under the Privacy Act of 1974 (PL 93-579).** Thank you for your cooperation.

INSTRUCTIONS: Please answer the following questions:

		Yes	No
1.	***Are you an individual with a disability according to the following Fair Employment and Housing Act definition?***	☐	☐

An ***"Individual with a Disability"*** is a person who:

(a) has a physical or mental impairment or medical condition which ***limits*** one or more major life activities; or

(b) has a record or history of such an impairment or medical condition; or

(c) is regarded as having such an impairment or medical condition.

"Limits" means that the impairment or condition makes the achievement of any major life activity difficult. This must be determined without regard to mitigating measures such as medication, assistive devices, prosthetics, or other reasonable accommodation.

		Yes	No
2.	***Because of a physical or mental impairment which is permanent or of indeterminate duration...***		
(a)	***Do you use aids, such as a hearing aid, cane, crutches, walker, or wheelchair?***	☐	☐
(b)	***Do you have difficulty reading a newspaper without corrective lenses, hearing a normal conversation, walking a quarter mile, climbing a flight of stairs without resting, or lifting 10 or more pounds?***	☐	☐
(c)	***Do you have difficulty performing routine daily living activities, such as moving within your house or building, getting in or out of a chair or performing other routine personal care functions?***	☐	☐

[PLEASE CONTINUE ON THE REVERSE SIDE]

ENTER YOUR SOCIAL SECURITY NUMBER
___ ___ ___ - ___ ___ - ___ ___ ___ ___
PRIMARY DISABILITY CODE: _____
SECONDARY DISABILITY CODE(S):
___ ___ ___

Please continue to answer the questions below...

		Yes	No
(d)	***Do you have difficulty doing such activities as going outside the home, keeping track of money or bills, preparing meals, doing housework, or using the telephone?***	☐	☐
(e)	***Do you have a physical, mental, or health condition which limits the kind or amount of work or housework you can do?***	☐	☐

If you responded "YES" to any of the above questions, please review the disability categories listed below and <u>place an X</u> in the box that identifies your primary and, if applicable, your secondary disability(ies). Enter these codes in the appropriate spaces at the top of the page. Mark an "X" if you have no disability.

CODE	DISABILITY CATEGORY
A	**VISUAL:** Legally blind, or has difficulty reading a newspaper without glasses, or has a limited field of vision.
B	**HEARING:** Difficulty in hearing an ordinary conversation and/or using a telephone without the aid of an assistive device.
C	**SPEECH:** Difficulty speaking or making oneself understood in person or on the telephone.
D	**ORTHOPEDIC:** Amputations, or functional limitations of the upper or lower extremities, trunk, back or spine.
E	**OTHER HEALTH CONDITIONS:** Impairments caused by diseases or other conditions affecting the body organs or systems, such as the heart, lungs or kidneys, e.g., cancer, Emphysema, Diabetes, Allergies, etc.
I	**NEUROLOGICAL:** Autism, Epilepsy, Cerebral Palsy, Dyslexia and other learning disabilities, and other impairments causing limitations in balance, coordination, sensory and cognitive functions.
J	**MENTAL RETARDATION:** Limited mental capacity that affects thinking and functioning and academic achievement.
S	**SKIN DISFIGUREMENTS:** Burns, scars, acne, or other skin conditions.
U	**MENTAL DISORDERS:** Conditions that impair reasoning or appropriate social behavior such as psychoses, neuroses, depression and personality disorders when diagnosed by a physician or clinical psychologist.
V	**ALCOHOL OR DRUG ABUSE:** History of usage that substantially interfered with work.
W	**OTHER:** Disability not shown on the questionnaire.
X	**NO DISABILITY**

DO <u>NOT</u> DUPLICATE OR RETAIN THIS FORM AFTER COMPLETION BY THE EMPLOYEE